

42, with elephantiasis of both legs, the left popliteal artery was ligatured with results so satisfactory that the patient urged similar treatment of the other limb. (3). This was done, and in due time the patient left the hospital nearly in perfect health, after an intercurrent attack of yellow fever. From these cases the author is inclined to advise ligature before amputation, which usually produces but temporary relief, the disease soon reappearing in another region.—*Therapeutic Gazette*, Feb., 1887.

JAMES E. PILCHER (U. S. Army).

HEAD AND NECK.

I. Penetrating Wound of the Head; Loss of Brain Substance; Right Hemiplegia; Aphasia; Recovery. DR. CHAMBARD-HÉNON (Lyons). A boy, æt. 9, losing his hold while sliding down the banisters, fell from the height of a second floor into the well of the staircase. He came down head foremost onto the edge of one of the bottom steps, so that his skull was shattered and fragments of brain were thrown to a distance of one metre. These fragments collected together formed a mass about the size of a blackbird's egg. The patient was seen a few minutes afterwards. Over the middle of the left parietal bone there was a wound penetrating into the brain, 4 centimeters long, from which there was escaping blood, cephalo-rachidean fluid and cerebral pulp. A small fragment of bone lying loose in the wound was withdrawn at once. The edges of the wound were cleansed with a sponge. Although the patient was in a comatose state the pulse and respirations were fairly good and the lips had a good colour. No other injuries were found about the body. The right ear was severely cut; the right eye was hidden under a mass of ecchymosis. There was a large fluctuating effusion of blood reaching from the middle of the forehead to the wound in the left parietal region. Through this tumour the fracture could be felt extending from the border of the right orbit to the penetrating wound on the left side. The child's head was covered with a bladder full of ice, and a little later on under this was placed an antiseptic dressing.

After a few hours the movements of the left side of the body had

returned, but the right half of the body was completely paralyzed. In the evening the child was able to take some milk. Next day he was in the same state, but the left eye showed that he was awake. No convulsions; no sickness; pulse 120.

During three weeks the child went on steadily improving, and the wound healed up. In twenty-six days the paralysis had disappeared in the lower extremity and diminished in the upper. The patient then began sitting up, talked correctly, sang, but still forgot a few words and names. The wound was almost cicatrized; pulsation and fluctuation remained in it. In forty days there was no paralysis left.

Twenty-seven months after the accident all there was to observe about the patient was, that the right foot pointed rather inwards, that the right arm was weaker than the left, and that the right eye was not so widely open as the left. The tongue was put out straight. There had been no convulsions.

The part injured appears to have been the ascending cerebral convolutions situated in front and in the middle of the fissure of Rolando, and the ascending parietal convolutions in front and behind the same fissure.—*Le Lyon Médical*, Nov. 7, 1886.

L. MARK (London).

II. Case of Post-Pharyngeal Abscess. Mr. WAINSWRIGHT (London). G. H. was admitted into the West London Hospital on May 10, 1886, suffering from attacks of dyspnœa. His voice was low and harsh, his face very anxious, and the breathing distressed, with frequent attacks of dyspnœa. On examination of the neck a large fluctuating swelling was found beneath the trapezius on the right side, and on looking into the mouth the pharynx was found bulged out on that side and pushed toward the left. There was much swelling in the right submaxillary region. The following history was elicited: The swelling with pain began six weeks previously, and there had been gradually increasing dysphagia, so that for the last seven days he had only been able to swallow fluids. He had contracted syphilis five years previously, and some months ago a general eruption of rupial character broke out, from which he was still suffering. An incision